



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5294

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| SERIAL NUMBER 10/828,567 | FILING OR 371(c) DATE 04/21/2004 RULE | CLASS 435 | GROUP ART UNIT 1709 | ATTORNEY DOCKET NO. 3671 | |
| APPLICANTS Craig Spiesman, Monroe, NC; <i>SV</i> | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/465,333 04/25/2003 <i>SV</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>SV</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/30/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>SV</i> Examiner's Signature Initials | | STATE OR COUNTRY NC | SHEETS DRAWING 5 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 2 |
| ADDRESS 22474 | | | | | |
| TITLE Mold test Kit | | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |